



FEEDBACK, COMPLAINTS AND APPEALS FORM

Personal Details			
Full Name:			
Position of Complainant/Appellant:			
USI no:		Phone No:	
Email:			
Address:			
If the complainant is a student, please provide the following details			
Student ID:			
Course Name:			
Date:			
Type of Submission Please indicate the type of submission: ☐ Feedback ☐ Complaint ☐ Appeal			
Feedback/Complaint/Appeal details			
Feedback / Complaint Details Date the issue occurred: _____ Reason for the submission (tick all applicable): ☐ General Operations ☐ Assessment outcome ☐ ESOS related complaint ☐ Discipline/misconduct ☐ Outcome of application/request ☐ Other, please specify _____ Have you complained about the issue before? ☐ Yes ☐ No ☐ If yes, please give the date, the complaint was lodged: _____		Appeals Details Date to which this appeal refers to: _____ Reason for the appeal: ☐ Assessment outcome ☐ Discipline/misconduct ☐ Any outcome of any application for request ☐ Any disciplinary action taken against you. ☐ Other, please	



Summary of Feedback / Complaint / Appeal (Please give detailed explanation and attach any supporting evidence) (Provide explanation on how you believe this complaint can be resolved)	
Declaration	
☐ I declare that all the information provided in this form is correct and accurate to the best of my knowledge. ☐ I am happy to attend any meeting with relevant people required to resolve the issue. ☐ I understand that if I am dissatisfied with the decision after the internal appeal outcome, I can seek assistance through external complaints handling body i.e. Commonwealth Ombudsman https://www.ombudsman.gov.au/ which is free of cost.	
Signature: _____ Date: _____	
*Office use: (*marked items to be filled up by staff or compliant handling party)	
*Receiving staff member:	
*Date Received:	
*Method of lodgment	☐ Email ☐ Mail ☐ In-person
*Name(s) of the panelled members to resolve the issue	
*Actions proposed by the panel/ determined resolution	



*Implementation of Proposed action by:	☐ Continuous improvement Request. ☐ Counselling by the relevant persons. ☐ Change of any service or member. ☐ External Counselling agency ☐ Referred to: ☐ Other (Please specify)
*Date of Resolution	/ /
*Outcome	☐ Successful ☐ Unsuccessful
*Method to communicate the outcome with the complainant/appellant	☐ Email ☐ Mail
*Response of complainant/appellant	☐ Agrees and accepts the decision made by the panel (The student signs the acceptance, and the record is placed in student's admin file) ☐ Disagrees and unhappy (Student has been advised of the right accessing external complaints handling body-Commonwealth Ombudsman along with contact details of the same)

Declaration by Complainant/Appellant (Please read and tick before signing it):

☐ I acknowledge that the outcome of the feedback/complaint/appeal lodged by me have been informed to me.

☐ I agree with the decision made by the panel, and I am happy to accept it.

OR

☐ I disagree with the decision made by the panel and would like to escalate it to an external complaint handling body, and I have been advised of all the required information in this regard.

Signature: _____

Date: _____

Greenhill Institute Pty Ltd representative

Name: _____

Signature: _____ Date: _____